

Customer Service Division

Office location - 7447 E. Indian School Road, #110

or - 9379 E. San Salvador Dr., #100

Mailing Address - 3939 N. Drinkwater Blvd.

Scottsdale, AZ 85251

Telephone - (480) 312-2400

**TC 2001****SEXUALLY ORIENTED BUSINESS
MANAGER APPLICATION**

Fee _____

Permit Number _____

Ord. to Applicant
(date & initial) _____

Records Check _____

1. Legal Name: Last _____ First _____ Middle _____
Other name(s), aliases or stage names used in preceding 5 yrs. by which applicant has been known (including prior married name(s)) _____

2. Present Residential Address: _____
City _____ State _____ Zip _____

3. Home Phone: _____ Date of Birth: _____

4. List below any license or permit relating to a sexually oriented business or adult service:

Issuing Jurisdiction	Effective Dates	Suspended or revoked		If Yes, Reason
		Yes	No	

5. Have you had any criminal charges, complaints or indictments in the past three years which resulted in a conviction or a plea of guilty or no contest for organized crime or fraud or a prostitution, drug, or sexual offense? ☐ Yes ☐ No

Offense	Where Offense Occurred	Date of Offense	Court(s) Entered Into

6. Additional Information Required:

Written proof of age, in the form of a birth certificate, current driver's license with picture, or other picture identification document issued by a governmental agency.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA. **SIGNATURE MUST BE NOTARIZED**

DATE: _____ APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY

Approved/Denied

Signature

WHITE - CUSTOMER SERVICE

YELLOW - POLICE DEPT. C.I.B.

FS0071 (06/2000)